Fact sheet:

Sugar-loaded beverages

More and more adults and children in Washington are overweight or obese and at serious risk for major health problems. The rising consumption of sugar loaded beverages, such as soda, sports drinks, energy drinks and sweetened fruit drinks, is a direct cause of obesity. Reducing the amount of sugar loaded beverages we drink will improve the health of King County residents and save health care costs in years to come.



Rising obesity rates are dangerous for adults and children

In King County, nearly one in three children in middle and high school is overweight or obese and that number is growing. About 55% of King County adults are either overweight or obese (2009). These rates are even higher in low-income communities and communities of color, an outcome largely due to the poor relative health of the communities that these populations reside in.

Obesity is the second leading cause of preventable death. Being overweight or obese leads to many health problems, such as Type 2 diabetes and high blood pressure, "adult" diseases now affecting children.

Increasing sugar-loaded beverage consumption

U.S. per capita consumption of calories from sugar-loaded beverages doubled between 1977-2002 across all age groups. Americans consume 50 gallons of sugar loaded beverages annually. That equals about 40 pounds of sugar.

A 20-ounce bottle of soda has more than 15 teaspoons of sugar and 240 calories. This is more than 10% of the average number of calories a person needs to consume in a day.³

³ Federal Trade Commission Report to Congress (July 2008). Marketing food to children and adolescents. A review of industry expenditures, activities and self regulation. Web 8 Oct. 2010



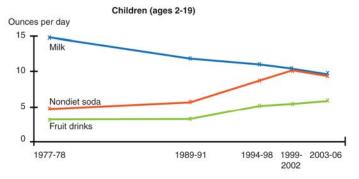
¹ Duffey, K.J., Popkin, B.M. (2007). Shifts in patterns and consumption of beverages between 1965 and 2002. Obesity, 15, 2739-47.

² Bleich, SN, Wang YC, Wang Y, Gortmaker SL. (2009). Increasing consumption of sugar-sweetened beverages among US adults: 1988-1994 to 1999-2004. Am J Clin Nutr 89: 372-381.

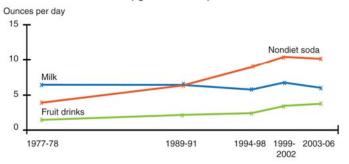
The percentage of calories from sugar-loaded beverages consumed by 2-18 year olds has increased, while the percentage from milk has decreased. In the mid-1990s the intake of sugared beverages began surpassing that of milk.

Beverage consumption, 1977-2006

Daily milk consumption among children has declined to similar consumption levels as nondiet sodas, while nondiet soda consumption among adults surpasses milk







Source: ERS calculations based on USDA's 1977-78 Nationwide Food Consumption Survey (NFCS) data, 1989-91 and 1994-98 Continuing Survey of Food Intakes by Individuals (CSFII), and the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics 1999-2006 National Health and Nutrition Examination Survey (NHANES).

Sugar-loaded beverages are a major contributor to obesity and poor health

 Children who drink two or more sugarloaded beverages a day are more likely to be overweight than those who consume healthier alternatives such as milk or water.

- High sugar-loaded beverage consumption increases risk of diabetes in women by 83%.⁴
- Sugar-loaded beverages have replaced milk in the diets of many teens, putting them at risk for osteoporosis and brittle bones.⁵
- Consumption of sugar-loaded beverages by young children (1 to 5 years old) was associated with an 80-100% increased risk of cavities.⁶
- The Nurses' Health Study, which tracked the health of nearly 90,000 women over two decades, found that women who drank more than two servings of sugar-loaded beverages each day had a 40 percent higher risk of heart attacks or death from heart disease than women who rarely drank sugary beverages.

Obesity has a significant health and societal cost

Americans spend roughly \$150 billion a year on medical expenses related to obesity, of which about half is paid with Medicare and Medicaid dollars. The estimated direct medial cost of obesity is about \$500 million in King County each year. This does not include lost work days and lost productivity.

⁷ Finkelstein EA, Trogdon JG, Cohen JW, Dietz W, (2009) Annual medical spending attributable to obesity: payer- and service-specific estimates. Health Affairs 28, no. 5: w822-w831(published online 27 July 2009; 10.1377/hlthaff.28.5w822)



⁴ Schulze MB, Manson JE, Ludwig DS, Colditz GA, Stampfer MJ, Willett WC, Hu FB. (2004) Sugar-Sweetened Beverages, Weight Gain, and Incidence of Type 2 Diabetes in Young and Middle-Aged Women. JAMA 292: 927-934.

⁵ Harnack L, et al. (1999) Soft Drink Consumption among U.S. Children and Adolescents: Nutritional Consequences. Journal of the American Dietetic Association 99: 436-441.

⁶ Marshall TA, Levy SM, Broffitt B, Warren JJ, Eichenberger-Gilmore JM, Burns TL, Stumbo PJ. (2003) Dental caries and beverage consumption in young children. Pediatrics. ;112(3 Pt 1): e184-e191.